



COURSE SUMMARY FORM

109 Governor Street  
Madison Bldg., Suite UB-55  
Richmond, Virginia 23219  
1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7540

Course Information:

Course # \_\_\_\_\_ Topic # \_\_\_\_\_

Type of Program: (Check appropriate box)

<input type="checkbox"/> First Responder Basic	<input type="checkbox"/> First Responder Refresher
<input type="checkbox"/> First Responder Required Topics	
<input type="checkbox"/> EMT - Basic	<input type="checkbox"/> EMT - Refresher
<input type="checkbox"/> EMT - Required Topics	
<input type="checkbox"/> Auto/Semiautomatic Defibrillator (Separate from F/R or EMT-B course)	
<input type="checkbox"/> BLS CE Program: _____ (Program must include Cat. 1 Topics)	

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Number of students at beginning of course: \_\_\_\_\_ Date course ended: \_\_\_\_\_ Instructor Information: \_\_\_\_\_

List only STATE CERTIFIED EMT-INSTRUCTORS who assisted with teaching this course and the number of hours they taught.

NOTE: Each EMT-Instructor should submit Teaching Hours for every hour of instruction they provided in this course. Multiple Instructors may receive credit during the time periods used for small group and practical skills lessons.

Lead Instructor:	_____	CERT#	_____	Hours:	_____
	[PRINT NAME]				
Assisting Instructors:	_____	CERT#	_____	Hours:	_____
	[PRINT NAME]				
	_____	CERT#	_____	Hours:	_____
	_____	CERT#	_____	Hours:	_____
	_____	CERT#	_____	Hours:	_____
	_____	CERT#	_____	Hours:	_____
	_____	CERT#	_____	Hours:	_____
	_____	CERT#	_____	Hours:	_____
	_____	CERT#	_____	Hours:	_____

If additional Instructors assisted, please list them on the back of this form and check this space: \_\_\_\_.

Name and signature of person submitting this information:

_____	_____	_____
[PRINT NAME]	[SIGNATURE]	[DATE]

DO NOT SUBMIT THIS FORM FOR ALS COURSES OR PROGRAMS NOT CONTAINING BLS CATEGORY 1 CE HOURS

Additional Assisting Instructors:

[illegible]